

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ESAFund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489856		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Loma Media Partners</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address <b>101 W. Broadway</b> <b>Suite 300</b>			Amount <b>24000.00</b>		
City <b>San Diego</b>		State <b>CA</b>	Transaction ID : <b>SE.7165</b>		
Zip Code <b>92101</b>		Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure media production		Category/ Type			
Name of Federal Candidate <b>Ayotte, Kelly A., ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>0.00</b>					
Full Name of Payee <b>Targeted Victory</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>		
Mailing Address <b>1033 N. Fairfax Street</b> <b>Suite 400</b>			Amount <b>66500.00</b>		
City <b>Alexandria</b>		State <b>VA</b>	Transaction ID : <b>SE.7163</b>		
Zip Code <b>22314</b>		Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure online advertising		Category/ Type			
Name of Federal Candidate <b>Ayotte, Kelly A., ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: <b>NH</b>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>0.00</b>					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<b>90500.00</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Watkins, Nancy H., ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <b>11 / 02 / 2016</b>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

ESAFund

FEC IDENTIFICATION NUMBER ▼

C

C00489856

Check if ☒ 24-hour report ☐ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

Targeted Victory

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2016

Mailing Address 1033 N. Fairfax Street

Suite 400

Amount

City

State

Zip Code

Alexandria

VA

22314

70000.00

Transaction ID : SE.7172

Date of Disbursement or Obligation

Purpose of Expenditure  
online advertisingCategory/  
Type

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate

Ayotte, Kelly A., , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☒ Senate

State: NH

Calendar Year-To-Date  
Per Election for Office Sought

0.00

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ►

Full Name of Payee

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y

Mailing Address

Amount

City

State

Zip Code

M M M / D D D / Y Y Y Y Y Y

Purpose of Expenditure

Category/  
Type

M M M / D D D / Y Y Y Y Y Y

Name of Federal Candidate

☐ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☐ Senate

State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

70000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►

(c) TOTAL Independent Expenditures..... ►

160500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy H., , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2016

Signature